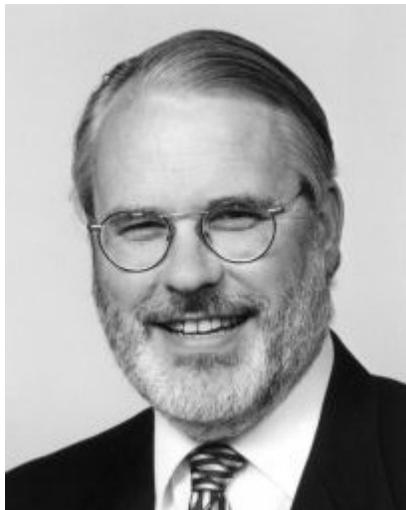


NaProTechnology

Dr. Steve Hickner, M.D.

NaProTechnology is a relatively new reproductive medical science developed by Thomas Hilgers, M.D. and his research team. It is based on research that began while he initially served as assistant Professor in the Department of Obstetrics and Gynecology at Saint Louis University School of Medicine in 1976. Dr. Hilgers and his team set out to understand human reproductive biology more completely and apply proven therapies to various gynecologic, obstetric, and infertility disorders.

In his original work, Dr. Hilgers and his research team sought to standardize and objectify biological markers of fertility as described by women when they charted their menstrual cycles. These women documented their observations using the Billings Ovulation method, which was developed by the husband and wife team of Doctors John and Lynn Billings of Melbourne, Australia. The Billings Ovulation Method was initially promoted in the United States during the early 1970's.



Dr. Hilgers and his team eventually developed the Creighton Model in 1981. This model was named after the medical school in Omaha, Nebraska, where he has since had faculty appointment. The Creighton Model became a new method of family planning, the effectiveness of which has been proven similar to that of the Billings Ovulation Method.

Dr. Hilgers founded the Pope Paul VI Institute for the Study of Human Reproduction in 1985. In addition to studying thousands of cycles from women using the Creighton Model, Dr. Hilgers and his team correlated the findings of pelvic ultrasounds and hormone studies in these same women. This data serves as the basis for NaProTechnology and essentially has led to a profoundly greater understanding of normal reproductive biology and disease.

So, fundamental to NaProTechnology is determining the cause of disease in Obstetrics and Gynecology and coming up with proven, but safe, therapies that restore and cooperate with normal reproductive physiology. For example, instead of considering a problem of infertility as “unexplained” and promoting an expensive and burdensome approach such as in vitro fertilization (IVF), the physician utilizing NaProTechnology will work with the patient to discover the root cause of infertility and proceed with a therapy targeted at correcting that cause.

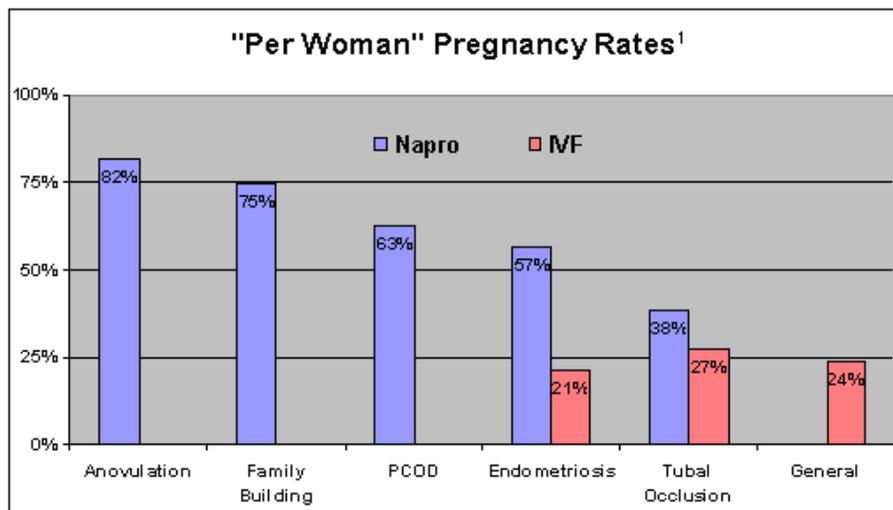
NaProTechnology can be effectively applied to many problems in Obstetrics and Gynecology, including preterm labor, miscarriage, abnormal menstrual cycles, abnormal uterine bleeding, pelvic pain, ovarian cysts, and others. Perhaps, most importantly, women develop greater knowledge and understanding through this approach. Such insight enables the woman to work collaboratively with the physician. As such, the female patient’s dignity is truly affirmed.

References:

1. Thomas W. Hilgers, MD: *The NaProTechnology Revolution: Unleashing the Power in a Woman’s Cycle*, Beaufort Books, New York, 2010
2. Thomas W. Hilgers, MD: *The Medical and Surgical Practice of NaProTechnology*, Pope Paul VI Institute Press, Omaha, 2004

Dr. Steve Hickner is a physician in Obstetrics and Gynaecology in Lander, Wyoming.

Effectiveness of NaProTechnology



¹The “per woman” pregnancy and family-building rates comparing NaProTechnology and in vitro fertilization (From: Pope Paul VI Institute research, 2004, and other references).

- Nearly three times more successful than IVF for assisting infertile couples and does not result in early abortions or frozen embryos
- Multiple pregnancy rates are ten times lower than that with artificial reproductive technologies
- 95% success rate for treating premenstrual syndrome (PMS)
- 95% success rate for treating postpartum depression (PPD)
- Prematurity rate has increased every year over the last 25-30 years nationally. NaProTechnology Prematurity Prevention Program has cut the rate from 12.1% to 7%. Preterm birth is associated with increased mortality and neurological injury for the baby

Reduced the adhesion score from 33 to 2.5 (virtually adhesion free) in performing reconstructive pelvic surgery (*Journal of Gynecologic Surgery*, March 2010).

Source: Los Alamos FertilityCare, "Naprotechnology", except chart, which is from naprotechnology.com